

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1	2				
4	2	2				
5						
6						
7	1					
8		1				
9		1				
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50						

TOTAL IND.

2



TOTAL DEP.

1

TOTAL CLAIMS

12

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

12

